

**BOARD OF REGISTERED NURSING**

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**APPLICATION FOR TEMPORARY NURSE ANESTHETIST (NA) CERTIFICATE****INSTRUCTIONS:**

1. The application fee for the Temporary Nurse Anesthetist Certificate (TC/NA) is **\$30.00**.
2. The TC/NA will not be issued until the **California RN Endorsement Application** and the **Application for Nurse Anesthetist Certification** are complete. Only the fingerprint cards submitted to the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) for processing are still pending.
3. The TC/NA will not be mailed to an in-care-of address or a third party address.
4. Possession of a current and active **California Temporary RN License (TL)** is required.

PLEASE NOTE: IF YOU ALREADY POSSESS A PERMANENT CALIFORNIA RN LICENSE, YOU ARE NOT ELIGIBLE FOR THE TEMPORARY NURSE ANESTHETIST CERTIFICATE (TC/NA) AND YOUR APPLICATION FEE FOR THE TC/NA WILL NOT BE REFUNDED.

TO BE COMPLETED BY THE APPLICANT: Please print or type.

Name: (Last) (First) (Middle)		Previous Names (Including Maiden Name):	
Address: (Number & Street)		Date of Birth: (Month) (Day) (Year)	
(City) (State) (Zip Code)		Social Security Number (Mandatory):	
Telephone Number: Home () Work ()		Temporary RN License Number: Expiration Date:	
Name of Nurse Anesthesia Academic Program:			
Address:			
Type of Program: <input type="checkbox"/> Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Post-Master's		Entrance Date: Completion Date:	
I certify under penalty of perjury that the above information regarding the Application for the Temporary Nurse Anesthetist Certificate is true and correct.			
Signature of Applicant: _____ Date: _____			